

# Medicaid Home and Community Based Services (HCBS)

Medicaid Elderly Waiver Interim  
Study Committee

November 13, 2008

# Medicaid and HCBS Eligibility

- Financial eligibility (based on the institutional category)
- Medical eligibility – “Level of Care” --  
Must be eligible for nursing facility care

# Financial Eligibility

## **Medicaid.**

- Income-individual aged, blind, disabled \$637/mo.
- Resources-\$2000 per individual.
- US citizen and Iowa resident.
- Freedom of choice.

## **HCBS or institution**

- Income-individual aged, blind, disabled \$1911/mo. (300% SSI amount)
- Resources-\$2000 per individual
- US citizen and Iowa resident
- Freedom of choice

# Financial Eligibility

## **Institution.**

- Income to provider – resident keeps personal needs allows and any medical deductions (i.E. Health insurance).
- Must meet institutional level of care.

## **HCBS.**

- 100% of income kept by Medicaid member to pay living expenses in the community.
- Must meet institutional level of care.

# Level of Care – NF & HCBS are the Same

- Nursing facility level of care-daily assistance with activities of daily living (ADL) (dressing and personal hygiene).
- A Medicaid member must have the need for a minimum assistance of one ADL per day.
- Level of care evaluation is completed by a medical professional.
- Level of care determination is made by IME medical services.

# HCBS Waiver Services

- An individual is eligible for traditional entitlement Medicaid services. (I.E. Doctor, pharmacy).
- An individual must have needs that can be met by the HCBS waiver and the services costs that remain in the HCBS waiver cap.
- The Medicaid member is responsible for room and board costs.

# HCBS Services (Continued)

- Services are based on individual needs. Not all individuals need the same level of supports.
- Services vary by each HCBS waiver based on the needs identified by the target population.
- Each HCBS waiver requires a case manager to assist with service coordination.

# Waiver Compliance - Financial

- HCBS Waiver Services must meet cost neutrality- compares institutional/Medicaid costs to HCBS/Medicaid costs.
- To meet cost neutrality, HCBS waivers are assigned a funding cap.
- Iowa HCBS budget is determined by the average cost per HCBS recipient. The assumption is not made that all will receive the same amount of service.

# Financial (continued)

- HCBS waiver funding and annual enrollment are based on State appropriations for the non-federal share.
- The individual funding cap may vary based on extenuating circumstances and approved through exception to policy.
- As Iowa's elderly and disabled population grows, increased demand for community services and higher costs may become a budget issue.